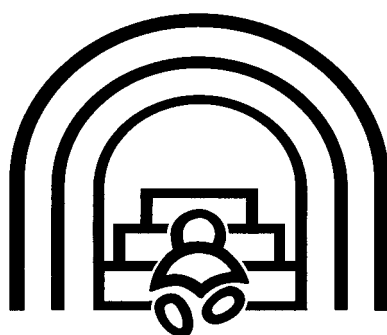


Provider Billing Manual Family Member Transportation – Mileage



First Steps

State of Indiana
*Family & Social Services Administration
Bureau of Child Development
402 W. Washington, Room W386
Indianapolis, IN 46204-2739
Tel: 317-232-1144
Fax: 317-232-7948*

Table of Contents

Section 1. Introduction	3
IFSSA- First Steps	3
PDA Software Services, Inc.....	3
Central Reimbursement Office	3
Section 2. Transportation Authorization	5
Blank Forms	6
Transportation Authorization - Blank	7
Completed Authorization Samples	
Transportation Authorization - Mileage	8
Discontinuation Notice.....	9
Cancellation Notice	10
Section 3. Billing Instructions	11
Transportation Authorization/Billing Form - Mileage	13
Provider Explanation of Payment - Mileage.....	14
Resubmission of Rejected Claim.....	16
Claims Correction	16
Automated Payment Adjustments/Offsets	17

CENTRAL REIMBURSEMENT OFFICE – PROVIDER BILLING MANUAL

Section I. Introduction

Indiana Family and Social Services Administration (IFSSA) implemented the Central Reimbursement Office (CRO) statewide on August 1, 1997. The Central Reimbursement Office is the financial system for payment of all early intervention services.

IFSSA- First IFSSA- First Steps

First Steps is administered by the Bureau of Child Development (BCD) within the IFSSA. First Steps brings together families and professionals from education, health, and social services agencies. By coordinating the locally available services, First Steps is working to give Indiana children and their families the widest array of possible early intervention resources.

Indiana is committed to a family-centered, community-based system of early intervention services for eligible infants and toddlers and their families. As part of that commitment, the CRO was designed to support family choice about who will provide services and where those services will be provided. Indiana entered Part C entitlement during fiscal year 1995 and has been working diligently to access numerous funding sources identified for early intervention services.

PDA Software Services, Inc.

In 1995, PDA formed a working partnership with the State of Indiana First Steps Program to implement an automated software system to capture the data for Part C of the Individuals with Disabilities Education Act (IDEA). Indiana's First Steps software was among the first in the nation developed to assist in the delivery of services and data capture for Early Intervention Programs. The Indiana First Steps Program also facilitates the coordination of payment for services from federal, state, local and private resources. The System Point of Entry (SPOE) software application provides program eligibility determination, health and medical assessment, and provider authorizations for thousands of children in Indiana. The CRO facilitates functions that determine appropriate payment for providers and creates reimbursements for providers. The CRO is housed at PDA's Operations Center located in Lenexa, Kansas.

Enrollment in the Central Reimbursement Office

As a provider you will need to first be enrolled with the CRO by completing the enrollment process through PDA's Provider Enrollment (PE) unit. Internet access is available for provider enrollment information and the required forms. It is accessible through www.eikids.com Web site by following the Indiana First Steps link. The Provider Enrollment Office can be contacted at 1-888-567-2351 Option 2. A family member transportation provider will need to submit a copy of driver's license, proof of insurance and vehicle registration.

******IMPORTANT NOTE******

Providers must be enrolled prior to being authorized to deliver services.

Central Reimbursement Office

The Central Reimbursement Office [CRO] design includes paying all providers from an interim funding source based on submission of claims. The CRO then seeks reimbursement from an appropriate payment source. This includes among others billing private insurance, Children's Special Health Care Services, Medicaid and TANF/TANF MOE for eligible and enrolled children.

Web Access

The www.eikids.com Web page allows access to the forms the CRO PE office utilizes. The forms are in a pdf format for providers to download and print. It provides additional links to policy information and the email addresses to contact the CRO/Provider Enrollment Office. Once Provider Enrollment at PDA has received all of the requested, completed forms on the checklist from the provider, the enrollment process begins.

Web Access for Provider Enrollment

Provider enrollment information and forms are available on the Web. Placing the cursor on the Service Matrix portion of the box, a floating menu will appear. Select the link for Provider Enrollment as shown below.



This page provides links to all of the documents and forms needed to enroll as a provider or to update provider information as a First Steps provider.

Section 2. Transportation Authorization

Transportation Authorizations are initiated through the System Point of Entry (SPOE) based on receipt of a source document. The system relies on prompt receipt of source documents from service coordinators.

These sources include:

- a) an Individualized Family Service Plan or
- b) a request for an authorization for Assessment/Evaluation or IFSP Development or
- c) an IFSP change page.

Upon receipt of a source document the SPOE promptly enters the information into an electronic system that captures sufficient information to generate authorizations for services. Daily, or when information warrants, the SPOE connects electronically to the Central Reimbursement Office and transfers information that triggers the CRO to print and mail an authorization to an enrolled service provider.

Once received by the CRO, transportation authorizations are printed and mailed and should be received by the service provider within 5 to 7 days. The system relies on prompt receipt of source documents from service coordinators. Authorizations are mailed to the site-of-service address identified on the inquiry form submitted as part of provider enrollment. Authorizations printed on any given day are batch mailed together for each site and are sent to the attention of a clinician within the batch.

Problems with missing authorizations could occur for any of the following reasons:

- 1. Provider not updating CRO with address changes
- 2. Mail routing problems
- 3. Problems or delays in SPOE transmissions of authorized data to the CRO

If you have not received expected authorizations, please check your mail routing first, then please contact the SPOE to begin the verification process.

Transportation authorizations are a reflection of the services identified on an Individualized Family Service Plan. You should have a copy of the IFSP as services begin for your child and family. Transportation authorizations will follow and should match what is specified on the IFSP including the dates of service, frequency, intensity, location and duration. Authorization start dates will be consistent with the start date identified on the IFSP even if mailed or processed after service has started.

Transportation authorizations that are inconsistent with the IFSP should be discussed with the service coordinator immediately. The child's service coordinator is identified on the IFSP itself and on the authorization.

Also, note that confirming copies of cancellation and discontinuation notices that are mailed to you should be kept for reference. You will probably use the authorization forms for billing. Please keep the original authorization and use copies of it for billings. Always verify that the authorization used for billing has not been cancelled or discontinued due to a change.

Sample Authorization Forms are included on the pages that follow and include:

Blank Sample

1) Transportation:.....Page 7

Completed Samples

1) Transportation: Mileage (Family Member).....Page 8

2) Discontinuation Notice.....Page 9

3) Cancellation Notice.....Page 10

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134



Transportation Authorization/Billing

Client ID No.	Client's Name	Birth Date	Issue Date
Telephone No.	Head of Household	Authorization Service Dates	

Service Coordinator
Services to be provided by:
PDA 888-567-2351
Payment will be made to:

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency

Billing Section: Please use this section of the form to bill for the services provided. Bill must be received within 60 days of service.

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral	PCCM Code	
Date of Service	Provider Visited (Each line represents a one way trip)	Procedure Code	Mileage One Way	Other Expenses	Total Charges
Provider Tax ID No.	Patient Account No.	Total Charges			

Submit bills to:

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☐ No
Is this a resubmission of a claim? ☐ Yes ☐ No
I certify that the above billed services were provided in
accordance with the child's Individual Family Service Plan

Visit the First Steps Service Matrix at <http://indiana.eikids.com>
Please update your matrix monthly. Next Deadline 09/01/2001
To receive enrollment info, send an e-mail to FirstSteps@pdainc.com
For current First Steps policy and program information, visit http://www.state.in.us/fssa/first_step/

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134



Transportation Authorization/Billing

Client ID No.	Client's Name	Birth Date	Issue Date
9901-00160	TAMRA M. SMITH	02/10/99	01/01 /01
Telephone No.	Head of Household	Authorization Service Dates	
219-359-3519	DAVID SMITH	01/01/01 to 12/31/01	

JANET SMITH
JANET SMITH
1422 ARLINGTON ST
SOUTH BEND, IN 46601

Service Coordinator
JONATHON SMITHERS
Services to be provided by:
PDA 888-567-2351
Payment will be made to:
JANET SMITH 99-9999999

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency
X8600	Transportation - Mileage	100 miles 1/Week

Billing Section: Please use this section of the form to bill for the services provided. Bill must be received within 60 days of service.

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral		PCCM Code
A9901-00160 - 22					
Date of Service	Provider Visited (Each line represents a one way trip)	Procedure Code	Mileage One Way	Other Expenses	Total Charges

Submit bills to:

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☐ No
Is this a resubmission of a claim? ☐ Yes ☐ No
I certify that the above billed services were provided in
accordance with the child's Individual Family Service Plan

Visit the First Steps Service Matrix at <http://indiana.eikids.com>
Please update your matrix monthly. Next Deadline 09/01/2001
To receive enrollment info, send an e-mail to FirstSteps@pdainc.com
For current First Steps policy and program information, visit http://www.state.in.us/fssa/first_step/

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134



Transportation Authorization/Billing
Discontinuation Notice

Client ID No.	Client's Name	Birth Date	Issue Date
9901-00160	TAMRA M. SMITH	02/10/99	01/01 /01
Telephone No.	Head of Household	Authorization Service Dates	
219-359-3519	DAVID SMITH	01/01/01 to 12/31/01	

JANET SMITH
1422 ARLINGTON ST
SOUTH BEND, IN 46601

Service Coordinator
JONATHON SMITHERS
Services to be provided by:
PDA 888-567-2351
Payment will be made to:
JANET SMITH 99-9999999

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency
X8600	Transportation - Mileage	100 miles 1/Week
This authorization has been discontinued as of 3/31/01. You are not authorized to provide any services related to this authorization after this date. Any claims submitted under this authorization for services provided after this date will be denied payment. If this action was to correct or update the original authorization, a replacement authorization may be in process. Please contact the service coordinator or the local First Steps System Point of Entry for addi-		

Billing Section: Please use this section of the form to bill for the services provided. Bill must be received within 60 days of service.

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral		PCCM Code
A9901-00160 - 22					
Date of Service	Provider Visited (Each line represents a one way trip)	Procedure Code	Mileage One Way	Other Expenses	Total Charges
Provder Tax ID No.		Patient Account No.	Total Charges		
99-9999999					

Submit bills to:
Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☐ No
Is this a resubmission of a claim? ☐ Yes ☐ No
I certify that the above billed services were provided in
accordance with the child's Individual Family Service Plan

Visit the First Steps Service Matrix at <http://indiana.eikids.com>
Please update your matrix monthly. Next Deadline 09/01/2001
To receive enrollment info, send an e-mail to FirstSteps@pdainc.com
For current First Steps policy and program information, visit http://www.state.in.us/fssa/first_step/

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134



Notice Of Cancellation

Client ID No.	Client's Name	Birth Date	Issue Date
9901-00160	TAMRA M. SMITH	02/10/99	01/01 /01
Telephone No.	Head of Household	Authorization Service Dates	
219-359-3519	DAVID SMITH	01/01/01 to 12/31/01	

JANET SMITH
JANET SMITH
1422 ARLINGTON ST
SOUTH BEND, IN 46601

For inquiries regarding service call:

PDA 888-567-2351

Authorization Section:

Procedure	Description	Frequency
X8600	Transportation - Mileage	30 miles 1/Week
Authorization No.		
A9901-00160 - 22		

This authorization has been cancelled. You are not authorized to provide any services related to this authorization. Any claims submitted under this authorization will be denied payment. If this action was to correct or update the original authorization, a replacement authorization may be in process. Please contact the service coordinator or the local First Steps System Point of Entry for additional information.

Section 3. Billing Instructions All Early Intervention services authorized through the System Point of Entry (SPOE) will be paid by the Central Reimbursement Office (CRO). The CRO will pay the claim, determine the appropriate funding source, and in turn seek reimbursement. Providers are not to bill Medicaid, Insurance & CSHCS or any other source for Early Intervention services authorized through the SPOE/CRO.

Transportation Authorization/Billing Form

Family Member Transportation Providers will find that using the bottom of the Transportation authorization form is the preferred means of billing CRO. This billing option provides the most reliable billing choice since most of the critical information to process a claim is preprinted on the form. This has proven to be a highly effective billing choice that results in minimal rejections. You can submit up to ten round trips on an individual claim form and may find it convenient to submit them monthly. If you make more than ten trips monthly use two forms for the monthly submission.

Bills must be received within 60 days of service delivery. Your timely billing to the Central Reimbursement Office is essential to your reimbursement. Below you will find a listing of other critical timelines/deadlines.

The CRO is required to mail checks within 10 business days from receipt of the claim. The CRO reimburses family member transportation providers at the official State of Indiana mileage rate at the time of service delivery. Presently, that rate is \$.28 per mile effective 7/1/1997. The CRO is required to issue an annual 1099 form reporting provider reimbursements to the Internal Revenue Service. This reimbursement is considered income and may result in tax consequences to the individual.

A completed claim sample is provided on page 14 of this document to assist you in completing your claim form. As well you will find an example of the Explanation of Provider Payment (page 15) which is generated and mailed back to you with your check to detail the payments and denials of your claims.

NOTE: YOU MUST USE COPIES OF THE ORIGINAL AUTHORIZATION/BILLING FORM AS YOUR SUBMITTED CLAIM FORM AND KEEP THE ORIGINAL COPY. NO REPLACEMENT FORM WILL AUTOMATICALLY BE PROVIDED.

Step-by-Step Instructions:

1. List your dates of service (the days you go to therapy) in the mm/dd/yy format (07/02/01) in the first (left hand) column titled "Date of Service".
2. List the places where you are going for therapy (i.e. Riley Hospital) in the second column titled "Provider Visited" Note: You should enter round trips on each line, not one-way trips as the column title indicates. One-way trip does not apply to family members billing for mileage reimbursement.
3. List the code for the procedure listed in the authorization section (X8600) in the third column titled Procedure Code.
4. Enter the total number of miles from home to therapy and return in the fourth column (Mileage). You are entering the round-trip mileage since you are billing for mileage not one-way trips.

5. Enter "None" in the fifth column "Other Expenses" unless you have received prior authorization for an other expense.

6. Enter the total round-trip mileage charges in the last column titled "Total Charges". Calculate your total charge by multiplying the total round-trip mileage times 28 cents, the current State of Indiana mileage rate. If there is an "Other Expenses" amount, that will need to be added to the round-trip mileage reimbursement amount and the total placed in this column.

7. Patient Account Number is an optional field used by provider organizations. This is not applicable to Family Member transportation providers and should be left blank.

8. The third block at the bottom of the page titled "Total Charges" should reflect the sum of line items on the claim. When you are ready to submit the claim, total up all of the line item charges from the last column above and enter the amount in this block. If the two do not match the individual line items will take precedence.

9. The "Less Insurance" is not applicable to Family Member transportation providers and should be left blank.

10. Net charges should be the result of subtracting "Less Insurance" from "Total Charges" and in the case of Family Member transportation providers will be the same amount as "Total Charges".

11. Routinely you will mark the "No" block with an "X" beside the statement: "Is this the final claim for this authorization?" Only when submitting the last claim at the end of the authorization period will you mark the "Yes" block.

12. Routinely you will mark the "No" block with an "X" beside the statement: "Is this a resubmission of a claim?" Only when submitting a correction to a previous claim will you mark the "Yes" block.

13. The Family Member transportation provider's signature line must be complete. Please be sure to sign the claim before submitting it.

14. The date must be after the latest date entered in the billing section of the claim or the date signed, whichever is later.

15. Mail completed claims to:

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134
1-888-567-2351 Option 1

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134



Transportation Authorization/Billing

Client ID No.	Client's Name	Birth Date	Issue Date
9901-00160	TAMRA M. SMITH	02/10/99	01/01 /01
Telephone No.	Head of Household	Authorization Service Dates	
219-359-3519	DAVID SMITH	01/01/01 to 12/31/01	

JANET SMITH
JANET SMITH
1422 ARLINGTON ST
SOUTH BEND, IN 46601

Service Coordinator
JONATHON SMITHERS
Services to be provided by:
PDA 888-567-2351
Payment will be made to:
JANET SMITH 99-9999999

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency
X8600	Transportation - Mileage	100 miles 1/Week

Billing Section: Please use this section of the form to bill for the services provided. Bill must be received within 60 days of service.

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral	PCCM Code
A9901-00160 - 22				

Date of Service	Provider Visited (Each line represents a one way trip)	Procedure Code	Mileage One Way	Other Expenses	Total Charges
11/01/01	Riley Speech and Hearing	X8600	100	None	28.00
11/01/01	Riley Speech and Hearing	X8600	100	None	28.00
Provider Tax ID No.	Patient Account No.	Total Charges			
99-9999999		56.00		56.00	

Submit bills to:

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☒ No

Is this a resubmission of a claim? ☐ Yes ☒ No

I certify that the above billed services were provided in accordance with the child's Individual Family Service Plan

Janet Smith 12/01/01

Provider's Signature

Date

Visit the First Steps Service Matrix at <http://indiana.elkids.com>
Please update your matrix monthly. Next Deadline 09/01/2001
To receive enrollment info, send an e-mail to FirstSteps@pdainc.com
For current First Steps policy and program information, visit http://www.state.in.us/fssa/first_step/

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134



EXPLANATION OF PROVIDER PAYMENT

Visit the First Steps Service Matrix at <http://indiana.eikids.com>
Please update your matrix monthly. Next Deadline 09/01/2001
To receive enrollment info, send an e-mail to FirstSteps@pdainc.com
For current First Steps policy and program information, visit http://www.state.in.us/fssa/first_step/

Payee JANET SMITH
 JANET SMITH
 1422 ARLINGTON ST
 SOUTH BEND, IN 46601

Date: 12/01/01
Check #: 99999
Statement: 12/01/01
Amount: \$246.96

Provider ID: 999-99-9999 0000
Provider Name: JANET SMITH
Program: Early Intervention

Service Category	Service Dates	Amount Billed	Amount Denied	See Note	Amount Disallowed	Paid Previously	Amount Paid
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Patient: TAMRA M. SMITH	SSN: 999-99-9998	Claim: 011201-99-998
Account:	Parent/Guardian: DAVID SMITH	ID: 9900-00001

Transportation	11/01/01	28.00	0.00	0.00	0.00	28.00
Transportation	11/01/01	28.00	0.00	0.00	0.00	28.00

Sub-Totals		\$56.00	\$0.00	\$0.00	\$0.00	
-------------------	--	----------------	---------------	---------------	---------------	--

Paid to Provider: \$56.00

Provider Totals		\$56.00	\$0.00	\$0.00	\$0.00	
------------------------	--	----------------	---------------	---------------	---------------	--

Total Paid to Provider: \$56.00

Central Reimbursement Office
c/o PDA Software Services, Inc.
PO Box 29134
Shawnee Mission, KS 66201-9134



EXPLANATION OF PROVIDER PAYMENT

Payee JANET SMITH
 JANET SMITH
 1422 ARLINGTON ST
 SOUTH BEND, IN 46601

Date: 12/01/01
Check #: 99999
Statement: 12/01/01
Amount: \$56.00

Grand Totals:	
Provider Claims:	\$56.00
Balance Forward:	\$0.00
Check Amount:	\$56.00
Check #:	99999

Visit the First Steps Service Matrix at <http://indiana.eikids.com>
Please update your matrix monthly. Next Deadline 09/01/2001
To receive enrollment info, send an e-mail to FirstSteps@pdainc.com
For current First Steps policy and program information, visit http://www.state.in.us/fssa/first_step/

Explanation of Provider Payment

The CRO generates an Explanation of Payment (EOP) detailing the information on the claims submitted and processed. The EOP includes the claim number assigned to a particular claim processed as well as amounts paid or not covered. When claims are rejected in part or in full the EOP will include a rejection code for the provider information in taking corrective action. Please see an example of an EOP on the last page of this section. Also you will find the list of Rejection Codes and descriptions below.

Rejection Codes

- 01 Authorization number not provided
- 02 Charges exceed program allowance
- 03 Duplicate Charge
- 04 Not authorized on dates indicated
- 05 Child not eligible for program
- 06 Authorization has been canceled
- 07 Provider number not given
- 08 Claim form not signed
- 09 Service dates more than 60 days old
- 10 Freeform comments
- 11 Procedure code given not authorized
- 12 Authorized procedure limit exceeded
- 13 Provider not properly credentialed
- 14 Offset for previously paid claim
- 15 No intensity provided in minutes
- 16 No procedure code provided
- 17 No charges provided
- 18 Provider no longer actively enrolled
- 19 Therapist not on authorization
- 20 Refund for over billing
- 21 Invalid authorization number
- 22 Provider insurance refund
- 23 Provider Medicaid refund
- 99 Tracking of services (used by system)

Resubmission of Rejected Claim Resubmission of a previously denied claim must be marked as a "resubmission". If the claim was denied and a correction is required on the authorization please contact the service coordinator. Corrections to authorizations require verification with the Individualized Family Service Plan. Required billing corrections may be done by the provider and marked as such on the resubmitted form.

Claims Corrections

Corrections to previously submitted and paid claims should be marked as "correction" when submitted to the Central Reimbursement Office.

Example # 1- Not enough mileage billed on a round trip:

Provider bills and receives payment for 30 miles when **actual mileage for that round trip was 36 miles**. Provider submits an additional claim, marked as "correction" on the face of the claim form,

for the incremental 6 miles. In addition, please place an "X" in the "Yes" block indicating this is a resubmission of a claim.

Example # 2- Too much service billed:

Provider bills and receives payment for 60 miles when **actual mileage for that day was 30 miles**. Provider submits an additional claim, marked as a "correction" on the face of the claim form, for the reduction of 30 miles. The reduction should be noted with a minus sign or in brackets for both the mileage and the charges. In addition, please place an "X" in the "Yes" block indicating this is a resubmission of a claim.

Automated Payment Adjustments/Offsets:

CRO is implementing a system of automated claims adjustments/offsets to address provider overpayments/underpayments caused by various improper/erroneous billing procedures. When errors are discovered, adjustments will be entered on the system after receipt of proper documentation from providers.

In cases of overpayment **providers will not refund payments manually through submission of checks.** The adjustments will be entered on the system against individual claims and the system will deduct the amount of overpayment on subsequent claim(s) payments processed. In cases of underpayments adjustments will be entered on the system against individual claims and the system will augment the amount of the underpayment on the next claim payments processed.

Manual Overpayment Refund:

Only when automated claims adjustment/offset is not a viable alternative the provider will be mailed two written notices (at 30 and 90 days from original overpayment date) to refund an overpayment discovered by CRO. All manual refunds must be made to CRO no later than 180 days from original overpayment date.

When submitting manual claims corrections for overpayment please make the refund check out to:

**Central Reimbursement Office
c/o PDA Software Services, Inc.**

CRO Standard Timelines/Deadlines

Claims Processing Turnaround:

Claims are processed and checks mailed within 10 business days from the date the claim is received.

Stale Checks:

Checks are void if not cashed within 6 months.

Claim Filing Deadline:

Claims must be submitted within 60 days of date of service.

Claim Resubmission Filing Deadline:

Previously submitted and rejected claims must be resubmitted within 60 days of date claim was rejected.

Claim Resubmission (Incorrect Authorization) Filing Deadline :

Previously submitted and rejected claims which can be resubmitted only after a corrected authorization is issued must be resubmitted within 60 days of the issue date of the corrected authorization.